

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Society of Plastic Surgeons PLASTYPAC

ADDRESS (number and street)

20 F Street NW

#310A

☐ Check if different
than previously
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00249342

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report(Q1)
- ☐ July 15
Quarterly Report(Q2)
- ☐ October 15
Quarterly Report(Q3)
- ☐ January 31
Quarterly Report(YE)
- ☒ July 31 Mid-Year
Report(Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Scot Glasberg

Signature of Treasurer

Electronically Filed by Scot Glasberg

Date

07

29

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		27260.33
(b) Cash on Hand at Beginning of Reporting Period	27260.33	
(c) Total Receipts (from Line 19)	48430.06	48430.06
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75690.39	75690.39
7. Total Disbursements (from Line 31)	38001.24	38001.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37689.15	37689.15
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	42063.74	42063.74
(ii) Unitemized	6366.32	6366.32
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	48430.06	48430.06
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	48430.06	48430.06
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	48430.06	48430.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	48430.06	48430.06

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1001.24	1001.24	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1001.24	1001.24	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37000.00	37000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	38001.24	38001.24	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38001.24	38001.24	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	48430.06	48430.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48430.06	48430.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1001.24	1001.24
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1001.24	1001.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Hatem A. Abou-Sayed, MD

Mailing Address 1620 S Congress Ave
Ste 100

City State Zip Code
Palm Springs FL 33461-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 7 / 2 0 1 1

Transaction ID: 4016AF59F2F80FCF53A

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mirza N. Ahmad, MD

Mailing Address 4782 Munson St NW

City State Zip Code
Canton OH 44718-3630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 1 1

Transaction ID: DC92FAD4F437C0F4A1E

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

David W. Allison, MD

Mailing Address 7915 Lake Manassas Dr
Ste 208

City State Zip Code
Gainesville VA 20155-3260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: EAEAFEAF7DFD95650C8

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

M. Hugh Bailey, MD FACS

Mailing Address 351 Hospital Rd
Ste 617

City	State	Zip Code
Newport Beach	CA	92663-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	1	1

Transaction ID: 14922E0817D51A9D6AB

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

C. Bob Basu, MD

Mailing Address 6400 Fannin St
Ste 2100

City	State	Zip Code
Houston	TX	77030-1542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Basu Plastic SurgeryOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2011.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	1

Transaction ID: 17EBF0DD-CC13-4C58-

Amount of Each Receipt this Period

2011.00

C.

Full Name (Last, First, Middle Initial)

Glenn A. Becker, MD

Mailing Address 109 E 61st St

City	State	Zip Code
New York	NY	10065-8523

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	1	1

Transaction ID: 183FEB8B-CB07-4956-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2561.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Keith S. Berman, MD

Mailing Address 1055 Hylan Blvd

City

Staten Island

State

NY

Zip Code

10305-2084

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	1

Transaction ID: 28469976-726D-43A2-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jennifer E. Boll, MD

Mailing Address 1520 S Dobson Rd
Ste 314

City

Mesa

State

AZ

Zip Code

85202-4710

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	1

Transaction ID: BC06A82DCA975C4CBA8

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Joel E. Borkow, MD

Mailing Address 315 Locust St

City

Johnstown

State

PA

Zip Code

15901-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	1

Transaction ID: 4ADB549429FF7313AC0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

John J. Borkowski, MD

Mailing Address 85 Church St

City

Middletown

State

CT

Zip Code

06457-3647

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: 82A2E7AB873248019D8

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Richard T. Bosshardt, MD

Mailing Address 1879 Nightingale Ln
Ste A2

City

Tavares

State

FL

Zip Code

32778-4363

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	9	/	2	0	1	1

Transaction ID: 722E83E015DA02BF4B3

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Keith E. Brandt, MD

Mailing Address 660 S Euclid Ave
Box 8238, 1150 Northwest Tower

City

Saint Louis

State

MO

Zip Code

63110-1010

FEC ID number of contributing
federal political committee.**C**Name of Employer
Div. of Plastic & Reconst-
ructi SurgeryOccupation
William G. Hamm Prof

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	4	/	2	0	1	1

Transaction ID: 902D07EE16C4BA11BE6

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Stephen D. Bresnick, MD

Mailing Address 16633 Ventura Blvd
Ste 110

City State Zip Code
Encino CA 91436-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 1

Transaction ID: E5B8B2C04465BF64DDE

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jack G. Bruner, MD

Mailing Address Suite 200
2801 K Sreet

City State Zip Code
Sacramento CA 95816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Sutter Medical Build-
ing

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: C23974C950AAD1D36C4

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jennifer B. Buck, MD

Mailing Address 35080 US Highway 19 N

City State Zip Code
Palm Harbor FL 34684-1925

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: BC47B84068ACC422401

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)
Theodore A. Calianos, MD

Mailing Address 5 Industrial Dr
Ste 109

City Mashpee State MA Zip Code 02649-3465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 1 1

Transaction ID: 981129CA6449602F2EB

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Holly Casey Wall, MD

Mailing Address 8600 Fern Ave

City Shreveport State LA Zip Code 71105-5639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: 0A10A2DDF84427AC4A3

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Paul S. Cederna, MD

Mailing Address 1500 E Medical Center Dr
Tc2130Spc5340

City Ann Arbor State MI Zip Code 48109-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Associate Professor,

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 8 / 2 0 1 1

Transaction ID: 718FAB89-17C8-4885-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Kevin C. Chung, MD

Mailing Address 1500 E Medical Center Dr

2130 Taubman Center Space 5340

City

State

Zip Code

Ann Arbor

MI

48109-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 1 1

Transaction ID: 4B748E85-9EC7-4534-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

James Clarkson, MD

Mailing Address 1200 E Michigan Ave

Ste 655

City

State

Zip Code

Lansing

MI

48912-1837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 1 1

Transaction ID: D7D8C9531CE5BEAB4F4

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James M. Clayton, MD

Mailing Address 280 River Park Dr

Ste 240

City

State

Zip Code

Provo

UT

84604-5794

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 1 1

Transaction ID: 2A7B94FD250C7CF449D

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Lawrence B. Colen, MD

Mailing Address 6161 Kempsville Cir
Ste 300

City State Zip Code
Norfolk VA 23502-3932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norfolk Plastic Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 4 / 2 0 1 1

Transaction ID: AB7E81EE-506F-4F50-

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Lynn A. Damitz, MD

Mailing Address 4917 Mill Hill Ln
7040 Burnett Womack Building

City State Zip Code
Chapel Hill NC 27517-7447

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNC Div of Plastic & Recon
Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 1 1

Transaction ID: 28BDD787-2891-4735-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Barry K. Douglas, MD

Mailing Address 999 Franklin Ave

City State Zip Code
Garden City NY 11530-2913

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 1 1

Transaction ID: 4EC98EB1FF4EE18E4FB

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Sepehr Egrari, MD

Mailing Address 2950 Northup Way
Ste 100

City	State	Zip Code
Bellevue	WA	98004-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: 1866C523-EA8A-46B6-

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Frank M. Emery, MD

Mailing Address 855 A Ave NE
Ste 120

City	State	Zip Code
Cedar Rapids	IA	52402-5062

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	1	1

Transaction ID: 01B8C2231F373F23C5A

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Gregory R.D. Evans, MD, FACS

Mailing Address 200 S Manchester Ave
Ste 650

City	State	Zip Code
Orange	CA	92868-3224

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of California
IrvineOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	1

Transaction ID: 036DABAC59EA68288C5

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Todd K. Farnworth, MD

Mailing Address 15810 S 45th St
Ste 140

City State Zip Code
Phoenix AZ 85048-7655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: 88760573-637A-41CA-

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Neil A. Fine, MD

Mailing Address 676 N Saint Clair St
Ste 1525A

City State Zip Code
Chicago IL 60611-2927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: 83C2CA595B7B8E5F3DA

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Lawrence J. Gottlieb, MD

Mailing Address 5841 S Maryland Ave
University of Chicago - Mc 6035

City State Zip Code
Chicago IL 60637-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 1 / 2 0 1 1

Transaction ID: F03F0F73-D6A7-4AAC-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Jack P. Gunter, MD

Mailing Address 8144 Walnut Hill Ln
Ste 170

City State Zip Code
Dallas TX 75231-4394

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 1 1

Transaction ID: 26F8C70C349878A33E3

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Phillip C. Haeck, MD

Mailing Address 901 Boren Ave
Ste 1650

City State Zip Code
Seattle WA 98104-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 1

Transaction ID: E378B460C1A9D77488F

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Thomas A. Hagerty, MD

Mailing Address 117 Marys Ave
Ste 204

City State Zip Code
Kingston NY 12401-5849

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 1 1

Transaction ID: 229463F0DBD3053A0A5

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Gary D. Hall, MD

Mailing Address 14340 Metcalf Ave

City

Overland Park

State

KS

Zip Code

66223-2987

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Cosmetic Surgery,
PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 1 1

Transaction ID: BC510B3B1160928530D

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert J. Havlik, MD

Mailing Address 702 Barnhill Dr
Rm 2514

City

Indianapolis

State

IN

Zip Code

46202-5128

FEC ID number of contributing
federal political committee.

C

Name of Employer
IN Univ Plas Surg Riley
Hosp

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 1 1

Transaction ID: AEDD2B1E-1BA2-4858-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Leonard Hochstein, MD

Mailing Address 19495 Biscayne Blvd

City

Aventura

State

FL

Zip Code

33180-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: 8785F7A7-00BB-41BC-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

James P. Hopkins, MD

Mailing Address 4312 W 110th St

City

Leawood

State

KS

Zip Code

66211-1425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 1

Transaction ID: FFD0C092619DED17B22

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Thomas J. Hubbard, MD

Mailing Address 329 Phillip Ave

City

Virginia Beach

State

VA

Zip Code

23454-4380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 1 1

Transaction ID: 5C9AE43B6EF1CEA0FAB

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

William H. Huffaker, MD

Mailing Address 17300 N Outer 40 Rd
Ste 300

City

Wildwood

State

MO

Zip Code

63005-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Louis Cosmetic Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 1 1

Transaction ID: 41812F9F-682D-4A93-

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Timothy A. Janiga, MD

Mailing Address 500 Damonte Ranch Pkwy
Ste 703

City	State	Zip Code
Reno	NV	89521-3911

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	1	1

Transaction ID: 50B89D5C721589D27F5

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey E. Janis, MD

Mailing Address 1801 Inwood Rd
Wa4.250

City	State	Zip Code
Dallas	TX	75235-7202

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTSW Medical CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: 314C6303FA2ADC1EF62

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Debra J. Johnson, MD

Mailing Address 95 Scripps Dr

City	State	Zip Code
Sacramento	CA	95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Plastic Surgery CenterOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: 4545AF2423647579C04B

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Debra J. Johnson, MD

Mailing Address 95 Scripps Dr

City

Sacramento

State

CA

Zip Code

95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Plastic Surgery Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.24

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 1

Transaction ID: 450B9955A17EF0944DBC

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

R. Michael Johnson, MD

Mailing Address 30 E Apple St
Wright State Univ, Suite 2200

City

Dayton

State

OH

Zip Code

45409-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 1 1

Transaction ID: 56386DA8DD9BBB5ED0D

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Roderick B. Jordan, MD

Mailing Address 2500 Metrohealth Dr
Division of Plastic Surgery

City

Cleveland

State

OH

Zip Code

44109-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 1 1

Transaction ID: C0F8EFFC39472EA125C

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Denise M. Kenna, MD

Mailing Address 1936 Powder Mill Rd

City	State	Zip Code
York	PA	17402-4744

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: E089A004F78976E85D5

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Geoffrey R. Keyes, MD

Mailing Address 9201 W Sunset Blvd
Ste 611

City	State	Zip Code
Los Angeles	CA	90069-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	1	1

Transaction ID: 2883EAF093D6FACC75C

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Sami U. Khan, MD

Mailing Address Room 60, Hsc T-19
Suny-Stony Brook University Medica

City	State	Zip Code
Stony Brook	NY	11794-8191

FEC ID number of contributing
federal political committee.

C

Name of Employer
Division of Plastic Surge-
ryOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	1	1

Transaction ID: 3EB2745C-6976-4637-

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Philip C. Kierney, MD

Mailing Address 105 27th Ave SE

City

Puyallup

State

WA

Zip Code

98374-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	1	1

Transaction ID: F5D75CBF1C73F1C204C

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David F. Klein, MD

Mailing Address 398 Copperfield Blvd NE

City

Concord

State

NC

Zip Code

28025-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Renaissance Plastic Surge-
ryOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: B342FBF4EEE2796623F

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Neil Elliot Klein, MD

Mailing Address 11480 Brookshire Ave
Ste 306

City

Downey

State

CA

Zip Code

90241-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: C4D45EE63245DDAB085

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Michele D. Koo, MD

Mailing Address 333 S Kirkwood Rd
Ste 203

City	State	Zip Code
Saint Louis	MO	63122-6161

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aesthetic Surgery Institu-
teOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	4	/	2	0	1	1

Transaction ID: EB171BAEDA1AA489AD2

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael Leadbetter, MD

Mailing Address 4850 Red Bank Rd
1 Plastic Surgery Plaza

City	State	Zip Code
Cincinnati	OH	45227-1545

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: A0EB19EFC1B7049FA88

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Charles Sc Sung-Chull Lee, MD

Mailing Address 436 N Roxbury Dr
Ste 207

City	State	Zip Code
Beverly Hills	CA	90210-5017

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: C32AEE4A94A0368FEC1

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Dennis J. Lynch, MD

Mailing Address 2361 River Ranch Rd

City

Temple

State

TX

Zip Code

76502-4260

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Transaction ID: 2201DCDE94AA3DF4EC7

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Timothy J. Marten, MD

Mailing Address 450 Sutter St
Rm 2222

City

San Francisco

State

CA

Zip Code

94108-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marten Clinic of Plastic
SurgeryOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	1	1

Transaction ID: FCF32D9A-4B51-4D25-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert X. Murphy, Jr., MD

Mailing Address 2597 Schoenersville Rd
Ste 305

City

Bethlehem

State

PA

Zip Code

18017-7331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cosmetic and Reconstructi-
ve SpecialistOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	7	/	2	0	1	1

Transaction ID: C46E9FA9-FE18-44E5-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

John M. Osborn, MD

Mailing Address 95 Scripps Dr
Downstairs

City	State	Zip Code
Sacramento	CA	95825-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	1	1

Transaction ID: 97C6280EFA465B546AD

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Michael J. Pecoraro, MD

Mailing Address 450 Jack Martin Blvd
Ste A

City	State	Zip Code
Brick	NJ	08724-7779

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	1	1

Transaction ID: BC3659B10547ADA5D3F

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Manuel M. Pena, MD

Mailing Address 6370 Pine Ridge Rd
Ste 101

City	State	Zip Code
Naples	FL	34119-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	1	1

Transaction ID: 3F11CEB0AC9D46BEA1B

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

John A. Persing, MD

Mailing Address 330 Cedar St

Boardman Building, 3rd Floor, Rm33

City

State

Zip Code

New Haven

CT

06510-3218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale Plastic Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 1 1

Transaction ID: 26F82ADCFB16E3DEF9C

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Linda G. Phillips, MD

Mailing Address 301 University Blvd

6.124 McCullough Building

City

State

Zip Code

Galveston

TX

77555-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 1 1

Transaction ID: 26A13DCF-B88B-4AD4-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Byron D. Poindexter, MD

Mailing Address 1825 Samuel Morse Dr

City

State

Zip Code

Reston

VA

20190-5317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 1 1

Transaction ID: 89E09C554BAAAE02F33

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Adam G. Ravin, MD

Mailing Address 200 Medical Park Dr
Ste 520

City State Zip Code
Concord NC 28025-0943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: B55A5C96-CE39-4F51-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert S. Reiffel, MD

Mailing Address 12 Greenridge Ave
Ste 203

City State Zip Code
White Plains NY 10605-1238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 1 1

Transaction ID: 823248C3-CA33-4134-

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James N. Romanelli, MD

Mailing Address 110 E Main St
Ste 6

City State Zip Code
Huntington NY 11743-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: F7CA70237DF44170847

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Ernesto J. Ruas, MD

Mailing Address 603 S Boulevard

City

Tampa

State

FL

Zip Code

33606-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 1

Transaction ID: AAF30CAD97B43705318

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gordon H. Sasaki, MD

Mailing Address 800 Fairmount Ave
Ste 319

City

Pasadena

State

CA

Zip Code

91105-3153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 1

Transaction ID: 5893491B096735E6384

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Lori Shoaf

Mailing Address 20 F St NW
Ste 310A

City

Washington

State

DC

Zip Code

20001-6700

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Society of Plastic Surgeons

Occupation
Director, Federal Go

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 1 1

Transaction ID: 0471448D-73B8-40F0-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Robert K. Sigal, MD

Mailing Address 1825 Samuel Morse Dr

City

Reston

State

VA

Zip Code

20190-5317

FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	1	1

Transaction ID: 6555885D68C54D5E8C0

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gary A. Smotrich, MD

Mailing Address 3131 Princeton Pike
Bldg 5

City

Lawrenceville

State

NJ

Zip Code

08648-2201

FEC ID number of contributing
federal political committee.**C**Name of Employer
Lawrenceville Plastic Sur-
geryOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	1	1

Transaction ID: 541E2870-D098-41B2-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Gregory M. Swank, MD

Mailing Address 315 19th St SE

City

Hickory

State

NC

Zip Code

28602-4230

FEC ID number of contributing
federal political committee.**C**Name of Employer
Piedmont Plastic Surgery &
DermatologyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	1	1

Transaction ID: 486781BD-2E76-4C85-

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Mia Talmor, MD

Mailing Address 425 E 61st St
FI 10City State Zip Code
New York NY 10065-8722FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	1	1

Transaction ID: 7542C6CF-A961-4CB9-

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Anne Taylor, MD

Mailing Address 2 Easton Oval
Ste 545City State Zip Code
Columbus OH 43219-8032FEC ID number of contributing
federal political committee.**C**Name of Employer
Ohio State University -
Plastic SurgeonOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	1	/	2	0	1	1

Transaction ID: E683C976-A247-4E52-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ivan M. Turpin, MD

Mailing Address 1310 W Stewart Dr
Ste 610City State Zip Code
Orange CA 92868-3857FEC ID number of contributing
federal political committee.**C**Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	1	1

Transaction ID: 92431431380D6E5BEAD

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Paul F. Vanek, MD

Mailing Address 9485 Mentor Ave
Ste 100

City State Zip Code
Mentor OH 44060-8722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 1 1

Transaction ID: 66CF2C9DAA8D4B84867

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Nicholas B. Vedder, MD, FACS

Mailing Address 325 9th Ave
Department Surgery, Box 359796

City State Zip Code
Seattle WA 98104-2420

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Washington

Occupation
Professor & Chief of

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 1 1

Transaction ID: 3F6509AA-188C-4EC9-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Paul R. Weiss, MD

Mailing Address 1049 5th Ave
Ste 2D

City State Zip Code
New York NY 10028-0115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 5 / 2 0 1 1

Transaction ID: D715E5666574440FCF5

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Jane S. Weston, MD

Mailing Address 3351 El Camino Real
Ste 201

City	State	Zip Code
Atherton	CA	94027-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	9	/	2	0	1	1

Transaction ID: 0A4C5E766CDAACFE860

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert M. Whitfield, MD

Mailing Address 1109 E Circle Dr

City	State	Zip Code
Whitefish Bay	WI	53217-5366

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	3	/	2	0	1	1

Transaction ID: 42A2B1495E04900A0E12

Amount of Each Receipt this Period

167.58

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED**C.**

Full Name (Last, First, Middle Initial)

Robert M. Whitfield, MD

Mailing Address 1109 E Circle Dr

City	State	Zip Code
Whitefish Bay	WI	53217-5366

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: 4E1C8E94837E90621A0C

Amount of Each Receipt this Period

167.58

PACWEB RECURRING CC PAYME-
NT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

835.16

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Robert M. Whitfield, MD

Mailing Address 8700 W Watertown Plank Rd
Department of Plastic Surgery

City State Zip Code
Milwaukee WI 53226-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.32

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 1 1

Transaction ID: 49529D2D581AF01D306B

Amount of Each Receipt this Period

167.58

B.

Full Name (Last, First, Middle Initial)

Fred Wilder, MD

Mailing Address 3003 Bee Cave Rd
Ste 203

City State Zip Code
Austin TX 78746-5550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 1 1

Transaction ID: 3FB4F5C6A3E82B8E6C4

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

George P. Zavitsanos, MD

Mailing Address 467 Pennsylvania Ave
Ste 203

City State Zip Code
Fort Washington PA 19034-3420

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 1 1

Transaction ID: 1D38B410ED2CF469E94

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

917.58

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 40

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

H. Daniel Zegzula, MD

Mailing Address 1040 NW 22nd Ave
Ste 610

City	State	Zip Code
Portland	OR	97210-3066

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	1	1

Transaction ID: 6A2CBAE62441B8A3B45

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

42063.74

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City
Libertyville

State
IL

Zip Code
60048

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 41D57D8272919A8DD84

Date of Disbursement

04 / 04 / 2011

Amount of Each Disbursement this Period

277.70

B.

Full Name (Last, First, Middle Initial)

JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City
Libertyville

State
IL

Zip Code
60048

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 6316C77586B57EB7006

Date of Disbursement

04 / 18 / 2011

Amount of Each Disbursement this Period

225.00

C.

Full Name (Last, First, Middle Initial)

JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City
Libertyville

State
IL

Zip Code
60048

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: FA570D814CC254FD5A8

Date of Disbursement

05 / 03 / 2011

Amount of Each Disbursement this Period

83.33

SUBTOTAL of Disbursements This Page (optional)

586.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 40

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City State Zip Code
Libertyville IL 60048

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: C485E29D7A5B46E6627

Date of Disbursement

05 / 16 / 2011

Amount of Each Disbursement this Period

167.58

B.

Full Name (Last, First, Middle Initial)

JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City State Zip Code
Libertyville IL 60048

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 0467B11E6EB6C3250AE

Date of Disbursement

06 / 02 / 2011

Amount of Each Disbursement this Period

72.22

SUBTOTAL of Disbursements This Page (optional)

239.80

TOTAL This Period (last page this line number only)

825.83

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 40

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial) Berkley for Congress	Transaction ID: 0DB959DC47BAF2B5519 Date of Disbursement
Mailing Address 3069 Conquista Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 5 / 2 0 1 1</div> </div>
City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary Candidate Name Shelley Berkley	<div> <div>2000.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Bill Cassidy for Congress	Transaction ID: 1F41B1CC0C70FACEC51 Date of Disbursement
Mailing Address 8550 United Plaza Blvd. Suite 1001	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 5 / 2 0 1 1</div> </div>
City Baton Rouge State LA Zip Code 70809	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary Candidate Name William Cassidy	<div> <div>2000.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Bucshon for Congress	Transaction ID: 8803B217A15AEE81173 Date of Disbursement
Mailing Address PO Box 250	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 0 5 / 2 0 1 1</div> </div>
City Newburgh State IN Zip Code 47629	Amount of Each Disbursement this Period
Purpose of Disbursement 2012 Primary Candidate Name Larry D. Bucshon	<div> <div>2000.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial) Dave Camp for Congress	Transaction ID: 9EB7D7CB49A8A079A29 Date of Disbursement																				
Mailing Address 5915 Eastman Avenue Suite 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	1												
City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Dave Camp	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: MI District: 04 <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy	Transaction ID: DC2117B565CE5CCBC2D Date of Disbursement																				
Mailing Address 151 Linden Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	1												
City Mineola State NY Zip Code 11501	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Carolyn McCarthy	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: NY District: 04 <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Friends of Nan Hayworth	Transaction ID: 23C02766F583F85A484 Date of Disbursement																				
Mailing Address PO Box 188	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	1												
City Carmel State NY Zip Code 10512	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Nan Alison Sutter Hayworth	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: NY District: 19 <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 / 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial) Gingrey for Congress	Transaction ID: CBF141AD3C8445531C6 Date of Disbursement																				
Mailing Address PO Box U	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	1												
City Marietta State GA Zip Code 30060	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Phil Gingrey	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Michael Burgess for Congress	Transaction ID: 368FB5E524A58FD16 Date of Disbursement																				
Mailing Address PO Box 2334	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	1												
City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name Michael Clifton Burgess	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: 4978742774368C6F2AA Date of Disbursement																				
Mailing Address 320 First Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	4		2	0	1	1												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2011 Contribution	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name National Republican Congressional Committee	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
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Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">13000.00</td> </tr> </table>	13000.00																			
13000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial) Pete Sessions for Congress	Transaction ID: D2AFFD2919DCE09545C Date of Disbursement																				
Mailing Address PO Box 823047	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	1												
City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Peter Anderson Sessions	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Price for Congress	Transaction ID: 62E5179799D5ACE132F Date of Disbursement																				
Mailing Address PO Box 425	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	1												
City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 Primary	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Thomas E. Price, M.D.	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Tiberi for Congress	Transaction ID: 7515B6D602AB13D06B3 Date of Disbursement																				
Mailing Address 2931 E Dublin Granville Road Suite 190	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	1												
City Columbus State OH Zip Code 43231	Amount of Each Disbursement this Period																				
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5000.00																					
Candidate Name Patrick J. Tiberi	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
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